

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598,816

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4	/		/			
5	/		/			
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26		/		/		
27		/		/		
28	9					
29	/					
30		/				
31		2				
32	/					
33	/					
34		/				
35	0					
36	0					
37	/					
38	/					
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41		0				
42		0				
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44						
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47						
48						
49						
50						
TOTAL IND.	12		3			
TOTAL DEP.	40	←	12	←		
TOTAL CLAIMS	52		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS						↓